

Long Term Care Call 2.24.21

This call is not intended for the press or for reporting purposes.

### **Visitation** - guidance based on the Center for Medicare and Medicaid Services (CMS) revised guidance September 17, 2020 (QSO-20-39-NH)

- State of South Dakota Back to Normal Long-Term Care Reopening Plan Revised September 25, 2020
- The guidance represents reasonable ways a NH and ALC can facilitate in-person visitation.
- The plan provides guidance to NH and ALC to relax visitor restrictions.
- Visitation may occur safely and based on the community (county) test positivity rate, the absence of COVID-19 within the facility, and the core principles of COVID-19 infection prevention.
- Facilities must have a plan with policies and procedures in place to ensure personcentered visitation is reasonably allowed and will occur based on the core principles of COVID-19 infection prevention and the COVID-19 test positivity rate in the community (county).

# Community (County) Test Positivity Rate

- Low (<5%) = **Visitation should occur** according to the core principles of COVID-19 infection prevention and facility policies (**beyond** compassionate care visits)
- Medium (5% 10%) = **Visitation should occur** according to the core principles of COVID-19 infection prevention and facility policies (**beyond** compassionate care visits)
- High (>10%) = Visitation should only occur for **compassionate care situations** according to the core principles of COVID-19 infection prevention and facility policies



#### Percent Positive and Tests in prior 14 days:

Aurora County, SD	46003	SD	8	2,751	Non-core	27	981	3.7%	Green	1
Beadle County, SD	46005	SD	8	18,453	Micropolitan	46	249		Yellow	1
Bennett County, SD	46007				Non-core	55	1,634	1.8%	Green	1
Bon Homme County, SD	46009	SD	8	6,901	Non-core	52	754	5.8%	Yellow	2
Brookings County, SD	46011				Micropolitan	435	1,240	3.4%	Green	2
Brown County, SD	46013				Micropolitan	491	1,264		Yellow	5
Brule County, SD	46015				Non-core	27	510		Green	2
Buffalo County, SD	46017				Non-core		<20 tests			0
Butte County, SD	46019				Non-core	149	1,429		Green	1
Campbell County, SD	46021				Non-core	32	2,326		Yellow	0
Charles Mix County, SD	46023				Non-core	101	1,087		Yellow	3
									Green	1
Clark County, SD	46025				Non-core	55	1,472			
Clay County, SD	46027				Micropolitan	58	412		Yellow	3
Codington County, SD	46029				Micropolitan	91	325		Green	2
Corson County, SD	46031				Non-core	26	636		Yellow	0
Custer County, SD	46033				Small metro	85	947		Yellow	1
Davison County, SD	46035				Micropolitan	235	1,188		Green	2
Day County, SD	46037				Non-core		<20 tests			3
Deuel County, SD	46039				Non-core	<20 tests	<20 tests			1
Dewey County, SD	46041	SD	8	5,892	Non-core	23	390		Yellow	0
Douglas County, SD	46043	SD	8	2,921	Non-core	<20 tests	<20 tests	<20 tests	Green	2
Edmunds County, SD	46045	SD	8	3,829	Micropolitan	36	940	2.8%	Green	2
Fall River County, SD	46047	SD	8	6,713	Non-core	106	1,579	2.8%	Green	2
Faulk County, SD	46049	SD	8	2,299	Non-core	21	913	4.8%	Green	1
Grant County, SD	46051	SD	8	7,052	Non-core	90	1,276	12.2%	Yellow	2
Gregory County, SD	46053	SD	8	4,185	Non-core	47	1,123	6.4%	Yellow	1
Haakon County, SD	46055				Non-core	<20 tests	<20 tests			1
Hamlin County, SD	46057				Non-core	<20 tests		<20 tests		2
Hand County, SD	46059				Non-core	48	1,504		Green	1
Hanson County, SD	46061				Micropolitan	44	1,274		Yellow	0
Harding County, SD	46063				Non-core		<20 tests			0
Hughes County, SD	46065				Micropolitan	283	1,615		Green	2
	46067				Non-core	89	1,013		Yellow	3
Hutchinson County, SD										1
Hyde County, SD	46069				Non-core		<20 tests			
Jackson County, SD	46071				Non-core		<20 tests			1
Jerauld County, SD	46073				Non-core		<20 tests			1
Jones County, SD	46075				Non-core	<20 tests		<20 tests		0
Kingsbury County, SD	46077				Non-core	89	1,802		Green	2
Lake County, SD	46079				Non-core	76	594		Green	1
Lawrence County, SD	46081				Micropolitan	567	2,194		Green	1
Lincoln County, SD	46083				Small metro	790	1,292		Yellow	3
Lyman County, SD	46085				Non-core		<20 tests			0
Marshall County, SD	46091	SD	8	4,935	Non-core	35	709	5.7%	Yellow	1
McCook County, SD	46087	SD	8	5,586	Small metro	60	1,074	6.7%	Yellow	3
McPherson County, SD	46089	SD	8	2,379	Non-core	229	9,626	0.0%	Green	1
Meade County, SD	46093	SD	8	28,332	Small metro	337	1,189	10.7%	Yellow	1
Mellette County, SD	46095	SD	8	2,061	Non-core	<20 tests	<20 tests	<20 tests	Green	1
Miner County, SD	46097	SD	8	2,216	Non-core	<20 tests	<20 tests	<20 tests	Green	1
Minnehaha County, SD	46099	SD	8	193,134	Small metro	3,790	1,962	4.4%	Green	9
Moody County, SD	46101				Non-core	37	563		Yellow	1
Oglala Lakota County, SD	46102				Non-core	30	212		Yellow	0
Pennington County, SD					Small metro	1,503	1,321		Yellow	9
Perkins County, SD	46105				Non-core		<20 tests			1
Potter County, SD	46107				Non-core	54	2,508	11.1%		1
Roberts County, SD	46109				Non-core	36	346		Yellow	2
Sanborn County, SD	46111				Non-core		<20 tests			1
Spink County, SD	46115				Non-core	142	2,227		Yellow	2
Stanley County, SD	46117				Micropolitan	46	1,485		Green	0
Sully County, SD	46119				Micropolitan	29	2,085		Green	0
Todd County, SD	46121				Non-core		<20 tests			0
Tripp County, SD	46123				Non-core	24	441		Yellow	1
Turner County, SD	46125	SD	8	8,384	Small metro	41	489		Yellow	3
Union County, SD	46127	SD	8	15,932	Small metro	315	1,977	7.0%	Yellow	2
Walworth County, SD	46129				Non-core	110	2,024			1
Yankton County, SD	46135				Micropolitan	289	1,267		Green	2
Ziebach County, SD	46137				Non-core			<20 tests		1

### <u>Data.CMS.gov</u>Data from February 4-February 17

County 7	Test Positivity Rate			
Green	Monthly		39	59%
Yellow	Weekly		25	38%
Red	2 X Weekly		2	3%
	Co	ounties	66	
Nursing	Home Testing/Visitation			
Green	Monthly		53	51%
Yellow	Weekly		49	47%
Red	2 X Weekly		2	2%
	Nursing	Homes	104	



### Compassionate Care — for counties over 10% test positivity rate

Source: CMS Frequently Asked Questions – October 6, 2020

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" **does not exclusively refer to end-of-life situations**. Examples of other types of compassionate care situations include, **but are not limited to**:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.

Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

# The Core Principles of COVID-19 Infection Prevention

#### The Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing are accessible

## PPE and BinaxNOW are available to facilitate visitation in LTC

To facilitate visitation please contact:

- ✓ PPE email a request form to <u>COVIDResourceRequests@state.sd.us</u> OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.
- ✓ In looking forward to the end of the federal allocation of the BinaxNOW kits and to ensure use of these valuable resources, we will be pushing out another shipment of BinaxNOW kits to all LTC providers.
  - ✓ Please look at your BinaxNOW expiration dates.
  - ✓ Use kits with the earliest expiration date first.
  - ✓ Please send an email to Cindy Koopman-Viergets at <a href="Cindy.KoopmanViergets@state.sd.us">Cindy.KoopmanViergets@state.sd.us</a> if you do not want these kits no later than Monday, February 22nd.

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# Re-admission/ New Admission Guidance - CDC

Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown.

•Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

## Re-admission/ New Admission Guidance - CMS

CMS – qso-20-38-nh – COVID-19 Focused Survey

Does the facility have a plan (including appropriate placement and PPE use) to manage residents that are new/readmissions under observation, those exposed to COVID-19, and those suspected of COVID-19? Are these actions based on national (e.g., CDC), state, or local public health authority recommendations?

https://www.cms.gov/files/document/qso-20-38-nh.pdf



### Risk for Residents after Community/Medical Visits

Assess risk of visit, and place patient in most appropriate location upon return.



### Risk assessment Examples

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment\_communityvisit.pdf

http://www.dph.illinois.gov/sites/default/files/COVID-19\_LTC\_FacilityRiskAssessment.pdf

Georgia Risk Assessment – Page 3 - <a href="https://assets.website-files.com/5ead5c72cd1146a4d27183f3/5fbbc832ed56ccca38a9f21d\_LTCF%20Holiday%20Guidance-Update%2011202020.pdf">https://assets.website-files.com/5ead5c72cd1146a4d27183f3/5fbbc832ed56ccca38a9f21d\_LTCF%20Holiday%20Guidance-Update%2011202020.pdf</a>

https://www.nj.gov/health/cd/documents/topics/NCOV/INFCONT\_exp\_risk\_assess\_template\_patients\_postacute.pdf

